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THE AUTUMNAL FEVERS OF NEW ENGLAND.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having practised medicine here upon the high lands in the southerly part of Franklin Co., Mass.—riding occasionally into more than thirty different towns, and rather frequently into a third as many—for nearly 17 years, I have found that it is very rare for me to meet with more than now and then a sporadic case of idiopathic fever, except in the fall of the year; commencing sometimes, however, in the latter part of summer, and extending, especially the last year, into December. I have reason to believe, also, that such has been the experience of all or nearly all physicians in this region of country. It is scarcely once in half a dozen years that I hear of a fever prevailing in this region during winter, spring, or the early part of summer; but not a fall passes in which I do not learn that fever is prevailing in some one or more towns within 20 or 30 miles of me, nor one in which I do not meet with some 6, 10 or 20 cases in my own practice. I feel as sure that I shall meet with some cases of fever in the *fall*, as I do that we shall have an equinoctial storm.

Now the point at which I am more particularly aiming in this communication, is to show that, some how or other, this fever, or these fevers, get a wrong name. They are called typhus, or typhoid. It seems to be the *fashion* to call them so; and I do not much wonder that all physicians in this quarter, so far as I know, have thus far continued to follow the fashion; for all cases must have some name besides simply *a fever*, or the people will not be satisfied, and in many cases it is not altogether clear and easy to determine what sort of fever it is, if not typhus or typhoid—not so easy as it is to call it *typhoid*, and let it go at that. As to *post-mortem* examinations, I have yet to learn that one has been made in a case of idiopathic fever within 30 miles of me for the last ten years! If any physician within these limits of space and time, competent to decide on those appearances said to be characteristic of typhus and typhoid fevers, has made such an examination, let him report. I go upon the supposition that *two* different kinds of fever do not prevail in this region at the same time—not, for instance, a remittent fever in one town, and at the same time a typhous fever in a neighboring town. And I decide on the kind of fever by its history and symptoms. I have made no autopsies, and doubt whether I should be competent to decide the kind of fever by the pathological appearances, if I should do so.

I say, then, that the *autumnal* fever which prevails more or less in this region every year, constituting seven eighths of the fever cases with which I meet, and which is generally called typhus or typhoid, is the *remittent* fever. Until within the last two or three years I scarcely knew what name to give it, and therefore I the more readily conceive how other physicians can let it go as a "typhus," when in fact it is not. Undoubtedly its paroxysmal character is not so obvious as at the South and West; and as our medical authorities describe the disease as it appears in warmer and more misasmatic regions than this, one, in order to recognize the disease as it appears in this quarter, must be on the look out—he must have in mind the several varieties, the various symptoms and degrees of intensity of the remittent fever, and then watch his patients closely, by night, perhaps, as well as by day. It was, as it were, by accident—by being called out two or three nights in succession, or nearly so, to one of my fever patients, in September, 1842—that I was first led to suspect our fall fevers to be, indeed, the remittent fever. Previous to that time I was in the dark, and dissatisfied. I had no thought of the *remittent* fever. I had not been so trained. Typhus and typhoid were all the go, and I fell in with the current. I would examine my patients, and then go home and examine my authorities, but as it happened, I would always turn to their descriptions of *continued* fever. I would there find symptoms delineated, many of which my patients presented; nay, if my patients did badly, they would finally present an assemblage of symptoms quite similar to those of typhous fevers in their later stages. Still I was not quite satisfied, for I could not discover that correspondence which I desired between the symptoms generally presented by my patients in the first stages of their sickness, and those given by writers as characteristic of typhous and typhoid fevers in their early stages. And I well recollect that no little circumstance ever pestered or even provoked me more than the question, always sure to be asked by every body, "What kind of fever is it?" Nor have I yet forgotten the replies which, at different times, I would make to this question; such as, "Why, it is a *fever*. I don't know as there is but one kind of fever." "Oh! it is a kind of typhoid fever, I suppose." "Well, as to that, we cannot always tell in the first stage of a fever what *kind*, in particular, it will prove to be;" and so on.

I will now relate, summarily and without notes (for I took none) what fell under my observation in relation to fevers, during, mainly, the last four months of the last year; and in doing this, I shall present, I trust, strong reasons for believing that it was the remittent fever which prevailed in my practice during that time; although, at the same time, a fever, *called* typhus, was very prevalent in other places within 30 miles of me.

During the time above mentioned, there occurred in this town (Ashfield) among about 1600 inhabitants, nearly 50 cases of *fever*, without reckoning cases of febrile attack which were followed by recovery within two or three days. At the same time other febrile diseases prevailed to some extent, as scarlatina, dysentery, pneumonia, erysipelas, and two cases of fatal puerperal peritonitis. I attended on 38 of the above "nearly 50" cases, and also on 8 cases in neighboring towns, besides seeing a few cases under the care of other physicians. Thus my number of fever cases was 46, of whom 15 were *children* of various ages, from 5 to 15 years.

Of these 46 cases, 4 are now dead, and a fifth being attacked with general peritonitis before she was fairly convalescent, and now having—so far as I can determine—chronic gastritis, I fear will not recover. Of the 4 fatal cases, 2 were carried off by peritoneal inflammation. In one of them, a man aged 45, the peritonitis commenced very suddenly after he had had febrile symptoms similar to my other fever cases for three or four days; in the other, a boy about 10, after having been convalescent and running about the house and door-yard a week or two. Many sudden deaths from peritonitis have occurred in this region since *the* erysipelas *came* among us last winter. I never saw the like before. And now I am about it, I will relate some circumstances connected with the other two fatal cases, though I did not intend to go into particulars. One of them was a man aged nearly 70. At first, for a week or so, he took Thomsonian medicines. He was early delirious, or, as it was said, "crazy." He had recently been much excited on the subject of Millerism. He had several "fits" after I commenced attending on him, none of which I witnessed, but should say, from descriptions given by attendants, that they were of an epileptic character. The fourth fatal case was that of a fine, healthy girl, aged 15 years. Unfortunately, as I think, before she came under my care she went through a sort of Thomsonian course, including an emetic with cayenne, followed by "composition," which also contains cayenne and other articles of a heating nature. At any rate, such decided symptoms of pneumonia presented that I bled to the amount of six or seven ounces in the sitting posture, which much improved the pulse without causing but a slight faintishness. A pretty firm, buffy coat formed upon the blood, and I gave antimony for 24 hours. The symptoms of pneumonia were soon removed, but the brain ere long became heavily congested, and the power of deglutition and of speech became very much impaired, while the patient still appeared to retain her senses. This patient had long suffered great anxiety for her only brother (and she was the only daughter of a widowed mother) and another member of the family who still lay sick with the fever. She took to her bed on the 4th, and died on the 16th of December—of course after cold weather had commenced.

The two last-mentioned and fatal cases were about the only ones among my patients in whom I discovered anything like dark sordes about the mouth; nor in these was the mouth dry and *black*, as I have seen in some cases of *winter* fever. But in the month of October I saw a patient, in North Adams, a few hours before she died, with such a mouth. She had, however, been visited only by Thomsonians, and had not taken a purgative or even a laxative during her sickness. At the same time and place I saw 3 or 4 other fever cases, under the care of *physicians*, which appeared similar to the Ashfield cases.

As a general thing, the nervous system in my cases was but slightly affected. At first a head-ache for a day or two, and then no more complaint about the head. Not more than 1 patient in 6 was ever decidedly delirious in any part of the 24 hours. Yet some of the non-delirious cases were severe and tedious, having copious bloody stools, and causing me much anxiety. I believe that all those—6 or 7 in town—who purged blood, recovered. To such I gave small, repeated doses of spirits of turpentine, shaken in a bottle with infusion of flax seed; and I was very slow in giving laxatives. In some cases in which diarrhœa was a troublesome symptom, this turpentine mixture proved more successful than other remedies which had been tried, such as hyd. cum. creta, with Dover's powder, chalk mixture, &c.

I cannot say that I daily examined all, or any, of my patients for petechiæ; but I had them in mind, often looked for them, and often had occasion to see the abdomen and other parts of the body, for other purposes; but in no case did I discover any kind of petechiæ, nor did I ever hear anything, so far as I can recollect, about spots or "humors" from any of the attendants.

I observed that nearly all my patients had chills and perspirations more or less marked at various times throughout their sickness. Many sweat quite too much. I was far more troubled by perspirations, which, to appearance, only served to weaken the patient, than by dryness of the skin. In two cases of adults, the paroxysmal character of the fever was so marked that the most stupid observer could not mistake it for anything but the remittent, unless, indeed, he should regard it as the *intermittent*; for these patients had the most decided paroxysms of chills, heat and sweating every 24 or 48 hours, and always, I believe, in the night. These were slighter cases. They would be about the house every day. But they occurred in families where others were down with fever; and they hung along, weak and without appetite, for three or four weeks, and were finally benefited by quinine, one of them very decidedly so.

No *pungent* heat of skin in any case. No red eyes. The urine was generally of a high color, and often there was irritation and difficulty in voiding it. In a few cases, even where the head was not much affected, catheterism had to be resorted to. In such, muriate of ammonia with camphor appeared to be beneficial.

As for pains in the loins and limbs, gastric distress, bilious derangement, diarrhœa, nausea and vomiting, thirst for cold and acid drinks, tympanitis, &c., I witnessed enough of them; but I place little reliance on these in determining the nature of the fever. The pulse in adults was more frequently below than above 100. In some, at times, below the natural standard. In several cases the duration of the disease was five, six and even seven weeks before convalescence—which was generally quite slow—was fairly established. In several protracted cases, in adults as well as in children, there came on an aphthous appearance of the mouth and fauces. I *believe* that all such recovered. In several, also, a sore throat came on in the decline of the fever. But the points to which I wish more particularly to call attention, are:—

1st. A fever occurring annually in the fall of the year, and in a region where fevers in any other part of the year are very rare.

2d. A fever which prevails among children as well as adults.

3d. A fever in which the nervous system is generally but slightly affected.

4th. A fever in which red spots and livid petechiæ, if existing at all, must be extremely rare; and in which a dry, dark state of the mouth is rarely seen—more frequently an aphthous appearance.

5th. A fever in which the urine is generally of a high color; and I might add—and the fact is so important I will add it here—a fever in a few cases of which there are many and free bilious stools, without benefit to the patient, and still few cases, yet some, in which *such* stools are connected with a deep and universal jaundice, ending fatally; and,

Finally, A fever, in a *few* of the cases of which (and these cases occurring in connection as to time and place with other cases), the remittent character is most obvious; and in *most* cases of which cold spells, shiverings, heats and sweats, may be detected, if duly inquired after, at various times during the disease.

As to the treatment, I have but little to say that is worthy of being said. Among all my patients, I prescribed but three emetics. I did not, on the whole, form any very high opinion of quinine, though I did not try it in doses of more than from one to three grains.

To jump to the conclusion of this paper, I wish the *country* physicians of New England would direct their attention next fall—for they will meet with lots of fever in the *fall*, I have no doubt of it—to the Remittent Fever.

Why should not a modified form of the remittent fever prevail among us? Are we not subjected to a *degree* of the same influences, causes, or materials, which are supposed to give rise to the intermittent and remittent fevers of the South and West? Have we not woods and marshes, ponds, pools and puddles, heavy rains and hot suns—in short, do we not live and move in an atmosphere partially loaded with the unknown something which is supposed to arise from the decomposition of vegetable and animal substances? CHARLES KNOWLTON.

Ashfield, Mass., Feb. 6th, 1845.

DR. COOK ON THE ORIGIN OF VACCINA.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 55.]

ARRAYED against the evidence presented by these experiments and observations, has been a party, at the head of which has been Dr. George Gregory, of London, physician to the Smallpox Hospital, and who for the last twenty years has had good opportunities, if not the best of any man living, for observing the nature and influence of vaccina in protecting against variola. As early, however, as 1833, M. Gerardin, in a report to the French Academy of Medicine, stated that experiments had recently been instituted "at Alfort for the purpose of ascertaining the accuracy of Dr. Sonderland's conclusions," and that they "were most unfavorable. In vain cows were kept covered with the bed sheets, &c., of variolous patients. No results ever followed, indicating the transmission of any disease, and as the experiments that have been performed in England (1833) and Italy have been equally nugatory," continues M. Gerardin, "we are bound to discredit all the premises on which Dr. Sonderland has founded his theory of identity of variolous and vaccine poisons."

M. Fiard, in the same report, stated that he had inoculated eleven cows with the matter of genuine variolous pustules, as they occur in the human body, without being able to communicate any disease; that he had been anxious to repeat the experiments of Dr. Sonderland, but as they had already been tried at Alfort without success, he thought it unnecessary to go over the same ground. M. Fiard concludes, from his researches, that vaccina is a disease purely "vaccal" or peculiar to the constitution of the cow.

Dr. Gregory says (Braithwaite, Part 2, p. 60, American Ed. from Edin. Med. and Surg. Journal for Oct. 1840), "Now as to the real pathology of vaccination, Jenner's theory must be given up, viz., that cowpox is only smallpox in its mildest and most original form; that a man has cowpox now instead of smallpox, which he had formerly; that smallpox occurring after cowpox is analogous to smallpox after smallpox. These three positions, the foundations of Jenner's notions, are, I believe, entirely groundless and imaginary. The true pathology of vaccination is altogether different." "Vaccination has the extraordinary power of giving to the human body the singular property of resistance to the variolous effluvium. Vaccination is not smallpox, but just the reverse—the antagonist principle." "Jenner set us all so wrong by his term *variola vaccina*, that it is really difficult to get out of the false (because so well-beaten) track. If he had wanted a short expressive term it should have been *vaccina antivariolosa*."

In a paper presented to, and published in the transactions of the Royal Medical and Chirurgical Society, London, for 1841, Dr. Gregory, after alluding to the opinion of Jenner and the experiments of Mr. Ceely, states, as the sum of our present evidence on this subject, that, "The diseased productions of the cow, possessing the property of transplantation to the human system, of causing there a similar disease, and afterwards protecting it 'to a certain extent' from smallpox, may be produced in that animal in four modes."

1. "They are generated spontaneously in the cow, under certain circumstances of soil, season and locality. Such diseased secretions are often met with in cows soon after parturition in the spring season, and when feeding upon young grass. But they arise also spontaneously from other and less known causes, and the disorder spreads like other epizootic maladies. It was this form of vaccine disease which Jenner chiefly studied."

2. "The very same malady, developing the very same morbid secretions, is often observed to spread by contagion;" that is, carried from the teats of one cow and applied to the teats of another by the milker.

3. "The same morbid secretion, possessed of the same qualities, may be frequently generated in the teats of the cow by the application to them of the matter formed by the heel of the horse when affected with the disorder called by farriers *the grease*." The matter of grease may be transferred directly to man, and, without passing through the cow, possess all the anti-variolous qualities of the genuine vaccine lymph.

4. "The same morbid secretion may be produced by retro-vaccinating the cow, though the lymph shall have been humanized for a period of twenty years.

5. "To these four modes of exciting this morbid secretion in the cow, Mr. Ceely's experiments have added a fifth. He has shown that the same effect follows the application to the mucous surface of the cow of the matter of human smallpox; a local secretion is thus produced, identical in all its properties with that which arises from a constitutional and febrile disturbance in the cow's system, from contagion, from the matter of *grease*, or the long humanized vaccine virus."

"When we consider," adds Dr. Gregory, "that five modes of producing this morbid secretion in the cow are now known to exist, it is not unreasonable to suppose that others may be hereafter discovered. In this state of our knowledge, then, surely we cannot be justified in assuming the fifth and last discovered of the whole, as the most important, and as affording the true clue to the mystery of vaccine protection. We should reflect that Mr. Ceely's experiments have entirely set aside Dr. Jenner's notion that vaccina was the primitive or original poison, which time and fortuitous circumstances had aggravated into the malignant or secondary form which we call smallpox. They have proved (if indeed they have any bearing on the intimate nature of these poisons) that smallpox is the *primary*, and cowpox the secondary, form."

Again, in remarking upon the experiments of Mr. Ceely and others, Dr. Gregory says, "I would rather deduce from these experiments and observations the conclusion at which Mr. Creaser, of Bath, arrived, January, 1801, viz., that a morbid poison applied to different animals produces not a similar and specific, but the disease to which the animal, from constitution and structure, is predisposed. Equine matter, long humanized vaccine lymph, variolous matter, each when applied to the vessels of the cow develope vaccina. The constitution of the cow converts the variolous and equine miasm into the vaccine miasm, in the same way as the vaccine fluid is secreted under several forms of feverish excitement. Other facts might be mentioned which militate against the theory of identity. If, for instance, a child is inoculated for smallpox, some days after casual infection, the diseases, locally and constitutionally excited, coalesce and unite, producing an effect on the body. But if a child be *vaccinated* some days after exposure to variolous infection, the two diseases do not coalesce or hybridize. Each preserves its separate and specific character. In October, 1800, this actually happened at the smallpox hospital. A child, who had been exposed to the infection of smallpox, was vaccinated. Both diseases advanced. A lancet, charged with lymph from the vaccine vesicle, produced cow-pox. Another lancet, charged with matter from a variolous pustule, *formed within the vaccine areolæ,* communicated smallpox." "On all these grounds, I demur to the theory of identity, and hold that smallpox and cowpox are antagonist affections; that cowpox, instead of being, as Dr. Baron maintains, of a variolous, is in fact of an anti-variolous nature."

Such is the conflicting testimony of those at present engaged in investigating the origin of vaccina. Without intending to enter upon the storm of controversy, the waves of which constantly tossed those early engaged in this investigation, and which have been again stirred up by the more extended observations of the last fifteen years, by the experiments of Drs. Sonderland and Martin, and Mr. Ceely, it may not be improper, in a paper of this character, to endeavor to clear away the mists that obscure the subject, and see what truths are developed, as well as what false conclusions have been drawn from them.

One great and important question may be considered as settled by them, or at least rendered so probable, that even the champion of the opposite side of the question, yields it, i. e., that whatever may be the nature of that secretion from the cow called vaccina, and which, by being transferred to the human system, gives to it a more or less perfect immunity from smallpox, it can be produced in the cow by inoculation with variolous matter. This is the great practical question at issue; and however many other sources of vaccina may already be known, or may be discovered hereafter, this discovery puts into the hand of man an unfailing source of the vaccine virus as long as a necessity for its use shall continue.

Yet, though variolous matter may be the cause of that secretion in the cow which we recognize under the name of vaccine virus, it does not by any principle of logic follow that the two matters are identical. In their relation to each other they are cause and effect—the poisonous matter produced by a disease in an animal of one genus, operating upon the system of an animal of another genus; and though this matter, when operating upon a system of the same kind of that which produced it, may produce matter like itself, as by a species of generation, yet it does not necessarily follow that matter identical with itself should be produced by its operation on animals of another kind. Indeed, so far as we should draw our conclusions from analogy, an identity of this character could not be expected. Accordingly, when the vaccine matter is brought back to the human system, is such an identity evinced by its operation? True, we may be said to see something of a similarity of character in the restored progeny, but do we discover any features by which we could recognize the stranger from ever so intimate an acquaintance with the parent? The one we have learned to dread from its violence and danger; the other we find mild, and never, when uncomplicated, dangerous. The one can be communicated by inoculation and infection, the other only by inoculation. The one is readily communicated when the matter of its pock is in a purulent state, the other with facility only when its virus is limpid; incongruities sufficient in number and importance, one would think, to destroy even the appearance of an approach to identity.

Nor is the idea already quoted from Dr. Gregory, that the two diseases do not, like smallpox constitutional and inoculated, coalesce or hybridize, inapposite as an evidence against their identity. If, after exposure to smallpox, a person be inoculated for the same, though the poison is thus made to enter the system through different inlets, yet, being identical, but one set of phenomena is presented. The local impressions, thought they might be different in the severity of their constitutional impression, now coalesce, and we are presented with the aggregate. Not so, however, where the vaccine and the variolous both get an entrance at the same time into the human system. However much they may modify the severity of each other, each presents its own peculiar phenomena; they do not hybridize, but the characteristics of each are distinctly and definitely exhibited.

Cases of this character, sufficiently numerous and well authenticated, are reported through the various periodicals of the day. Thus, two cases of this character were related to the Westminster Medical Society by Charles Brooke, Esq.; and during the discussion arising out of the matter, "Dr. Reid observed that he had seen two cases in which cowpox and smallpox proceeded ***pari passu*** in the same child; and Dr. Gregory had seen similar instances." "Mr. Wells said," also, "that he had seen two cases in which the cowpox and smallpox progressed to maturity at one and the same time, in the same patient."*

The author also saw a case of this character while a student of medicine in 1823. The smallpox was, at the time, prevailing extensively at Stillwater, where an individual, who supposed he had had smallpox in his infancy, was exposed to its influence, from the disease having attacked several of his family. On the arrival of his mother, he learned he was in no way protected. He was now immediately vaccinated, and at the end of five days a minute but perfectly-formed vesicle was discoverable. That evening violent constitutional symptoms appeared, and the next day but one a variolous eruption made its appearance, which progressed as usual —the vaccine disease continuing also, distinctly exhibiting its characteristic phenomena, though no one was vaccinated with lymph from this vesicle.

Nor is a spontaneous origin of vaccina, as mentioned by Dr. Gregory, improbable. The virus that generates this secretion in the cow, being, when applied, but dead or non-vitalized matter, must necessarily owe its peculiar properties to chemical composition. We may easily suppose that contingences may frequently arise in the great laboratory of nature, giving rise to this specific composition. Or, what is more probable, that under certain states of pathological action, the system of the cow produces this specific secretion, capable of begetting its like whenever, under favorable circumstances, properly applied to the cow. Whether the circumstances mentioned by Dr. Gregory are those under which the disease usually arises, continued observation must determine.

With regard to its origin from a disease of the horse's heel, the probability is that some disease of the horse is capable of generating this in the cow; but whether this disease is what is commonly known to farriers by the name of *grease*, or is some other form of disease that has been mistaken for it, will at this time be extremely difficult satisfactorily to ascertain; and indeed it is more a question of philosophical curiosity than of real utility, as a similarity of character presupposes an identity of origin; and as long as the vaccine disease can be produced by inoculating the cow with variolous matter, the means of obtaining it will always exist contemporaneous with its necessity.

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* London Lancet (Amer. Ed.), vol. 1. 1842-43, p. 359-60.

The other two sources of the vaccine disease mentioned by Dr. Gregory, viz., by communication from one cow to another, through the means of contact of the virus, with some portion of an abraded surface of the healthy cow; or by the same process with humanized vaccine lymph (what has been called retro-vaccination), cannot properly be considered as primitive sources of the lymph, but only as secondary or mere means of its continuation.

It may therefore be inferred, from the experiments above referred to, that, 1, Vaccina is produced in the cow by variolous matter, a circumstance that accounts for the rarity of the disease in the cow since the general substitution of vaccination for variolous inoculation. 2, That though vaccina is produced by smallpox, it is not smallpox, nor can its virus be considered identical with the variolous matter.

DR. ALCOTT'S EXPERIMENTS ON DRINKS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Whatever the motive which dictated the inquiry of your correspondent, concerning certain medical experiments to which he alludes, I am perfectly willing to comply with your invitation, and give a brief account, both of the experiments and their results. And I am the more willing to do this, because I know of no instance in which the objects of an experimenter have been so much misunderstood.

Let me say, then, in the outset, that I did not begin with a new theory, and then endeavor to make my experiments establish that theory. I did not believe, with some of our trans-Atlantic medical brethren, that man is not a drinking animal. I believed at that time—I have believed it ever since—that pure water may be usefully applied to the skin and to the mucous membranes, in nearly their whole extent, every day of our lives.

But I did not believe—I do not now—that a healthful thirst would require us to swallow water or any other liquid at the rate of several gallons, or even several quarts, a day. I did not believe in the prevailing doctrine—the common-sense doctrine, as some would even call it—of the community, that we must drink enormous quantities of water or some other liquid, in hot weather, to supply the waste induced by perspiration. Profuse perspiration in hot weather is, to a very great extent, an effect of over-indulgence in drinking to cool ourselves, or to gratify a morbid thirst induced by improper food or other causes. He who obeys all the laws of health, and has no other thirst than a natural one, will require comparatively little drink, and will seldom, if ever, perspire violently.

My first experiment began in August, 1840, and ended in May, 1841. It continued nine months and nineteen days. But as it did not include all the summer months, I was led to repeat it. Accordingly, I made a second experiment, which lasted from Jan. 1, 1842, to Jan. 1, 1843—and indeed finally extended to March 2d of the same year.

There was nothing very striking in the physiological effects of either of these experiments. My appetite was good, my sleep quiet, and all the secretions and excretions nearly as usual. The perspiration was, it is true, more uniform than at other times. During the second experiment I labored a part of the summer at hay-making with other laborers. Even then I perspired as moderately, almost so, as in midwinter—and consequently had little more thirst. Indeed, I can truly say that I had less thirst, during both these experiments, than during any other periods equally long of my whole life. At the close of the first experiment I weighed about ten or twelve pounds more than usual; but there was no change, during the second, which was perceptible.

My diet, during these experiments, was such in general as it has been for about fifteen years past; fruit and bread (often fruit alone) at breakfast; potatoes, rice, fruit or bread, or a proportion of each of these, at noon; and bread alone at night. I never use much liquid food; but I used less than usual during these experiments. I do not suppose I used a quart a month of milk, gruel, bread, coffee, &c.—probably not half that small quantity. My fruit and vegetables supplied my system with water; besides, I had little to do with *mixing medicine with my food*. I doubt whether I used as great an amount of condiment of any kind during the whole of both periods, as many persons use in a single week. But there was no departure, in this respect, from my usual practice. I never *take medicine, unless I am sick*.

One result is worth, to me, all the pains of the experiment. At the end of the second period, viz., Jan. 1, 1843, being at liberty to drink if I chose, I resolved not to drink until I was thirsty; but whenever thirst should arise, to gratify it. I had no occasion for drink till March 2d, and consequently drank nothing till that time—thus extending the period of the experiment to fourteen months. What could illustrate more strongly the power of habit?

I will only add that from that time to the present, as well as for several years before, I have found it difficult to *get up a motive* sufficiently powerful to induce me to use as much water, daily, as my judgment would dictate to be useful. Often, I do not think of drinking for several days or weeks in succession, unless some one reminds me of the omission. Yet few men enjoy more of this world's happiness—so far as health is concerned—than myself. My power of endurance—age, and everything else, considered—was never so great in my life as at the present moment, and can hardly be exceeded by any person at any age.

If I have not satisfied your physiological inquirers, I shall be glad to say more at another time. If the experiments I have made are worth anything to the world, I shall always be glad to communicate particulars concerning them. I object only to throwing pearls before swine—or, what is equivalent to so doing, making more public than is necessary, a matter which most people either cannot or will not correctly apprehend.

Hartford, Feb. 15, 1845. Yours truly, **Wm. A. Alcott.**

ON THE PREVAILING INFLUENZA IN PHILADELPHIA.

By James Bryan, M.D.

The epidemic which has prevailed during the greater part of December and the present month, presents several features of interest to the medical inquirer. The first symptoms of its approach are a slight chill, or the sensation of creeping along the spine, with cold feet and cold hands. At the same time a pain, sometimes very severe, is experienced in the lumbar region, giving the sensation of "slipping or loosening of the joint." Occasionally these symptoms are accompanied or followed by vomiting, and very considerable gastric distress, which continues from an hour or two to twenty-four or thirty hours. The throat at the same time becomes dry and heated, the fauces feel contracted, and a quantity of tenacious mucus is discharged with difficulty. The tonsils, especially where there is a predisposition to it, are enlarged and painful. The pain very frequently extends to the parotid region, and spreads over the occipital and temporal regions; and in one bad case which I saw, the hemicrania was very distressing for two days.

Almost any predisposition in the system is very much excited; pulmonary affections are most of them made worse, particularly in children, numbers of whom have been cut off with symptoms of croup and pulmonary engorgement. One case of chronic epiphora was so much aggravated, that intense inflammation attacked the lachrymal sac, which made it necessary to open it, and antiphlogistic measures were required for its reduction. In that case the eye became involved, and suffered from the violence of the inflammation.

A patient subject to cardiac irritation was attacked with severe dyspnœa and palpitation, which were relieved only by the free use of the lancet and the tinct. digitalis. The blood, in this instance, was deeply cupped, and covered with a heavy buffy coat.

One patient during the attack was affected with a slight pleuritis, which was relieved by the ordinary treatment. Great debility, and general prostration of the voluntary powers, almost invariably accompanies the disease. It lasts from two days to two weeks; and the patient not unfrequently, after a mild attack of the disease, finds himself again under its influence, and even to the third or fourth time. The throat, having regained its healthy condition, will suddenly swell up, and the affection, previously considered cured, will appear again in full force.

The pulse, in most cases, is hard and corded, the respirations difficult, and the tongue is covered by a thick, long white fur. The appetite is variable. In some cases there is none at all; in others it is not materially affected. In most cases the thirst is considerable, the patient demanding continually small draughts of cold water, which is very grateful to the parched throat and deranged stomach. The bowels are most commonly costive, though not always so. The urine in the early stages is very high colored, but afterwards variable.

Treatment.—Antiphlogistics were generally necessary—cathartics and mostly laxatives; the latter in some cases very much improved by the addition of from one quarter to one grain of calomel. Diaphoretics, expectorants and diuretics, were found useful in the different stages of the disease. Relapses are so frequent that care should be taken to keep the feet warm and dry, avoid long fasting, or much exposure to the damp and cold air which prevails. The winter, so far (20th of January) has, with the exception of a few days in December, been a succession of fine, mild days, followed by wet, rainy weather; the latter prevails at present.

Medical Examiner.

SINGULAR CASE OF FATAL INTRA-UTERINE HÆMORRHAGE.

Mr Thompson records, in the Medical Gazette, the case of a female who, having previously borne twelve children, had arrived at the close of the ninth month of pregnancy. As well as usual during the day, she passed a disturbed night. A midwife, sent for on the following morning, found labor commenced, and the presentation natural. The patient gradually became exhausted, and died, undelivered, in a few hours. Examined after death, the uterus was found to be

"Very large, and apparately filling the whole cavity of the abdomen, pressing the floating viscera strongly upwards and backwards; these latter had a very bleached appearance, and all their vessels were empty. On raising the fundus of the uterus, an immense quantity of bloody fluid rushed from the vagina; and on cutting into the womb (the walls of which were very thin), we found that it still contained more than two quarts of fluid and grumous blood, mixed with large coagula, which completely surrounded the child, enveloped in its membranes entire, with the head in the brim of the pelvis.

"The placenta was wholly detached from the uterus, but the place where it had been attached was evident enough, on the right side of the womb, below the fundus; we examined this part very narrowly, but could discover nothing unusual in its appearance, or in that of the placenta."—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 26, 1845.

Anniversary of the Boston Society for Medical Improvement.—The members of this Society, with invited guests, met at the hospitable house of Dr. Homans, on Thursday evening, Feb. 13th, where the time was agreeably passed in the interchange of those civilities and kindnesses of feeling which should always exist in a society, the members of which are men of science and education, and engaged in a high order of pursuits. Formerly, the Boston Medical Association held quarterly meetings, which were productive of the happiest effects. Physicians, in a great city, being extremely numerous, become jealous of each other, selfish, and finally distrustful, and not unfrequently vastly underrate each other's qualifications and standing, unless they can become personally acquainted. The best method yet discovered of maintaining a friendly professional intercourse, is to meet occasionally in a body. But medical gentlemen, as do other specimens of humanity, require some relaxation from the severity of an endless train of thought, reading and labor; an apology for some sort of business that will bring them together, is better than nothing. They require the friction of an occasional jam to remind them of the existence of other beings, constituted like themselves. If a good supper holds out more charms than business or conversation alone, and if it is the only way in which a punctual attendance can be insured, we are decidedly in favor of the measure. With such a troop of practitioners as there is in Boston, they must either sup or dine together oftener than they have for the last six years, or they will have but an imperfect recollection of each other's faces. Were it not for the annual dinner, the Massachusetts Medical Society would be very poorly attended indeed. The fact is admitted by the sagest members, without qualification. Admitting, then, that friendship is found in the stomach, we are advocates for exciting it into periodical activity.—Why cannot the Boston Association celebrate something in the course of this present winter?

Study of Pathology in the Parisian Hospitals.—A medical friend, who recently left Boston, has taken up his residence in Paris, where he intends remaining about two years, with the view of studying pathology, more particularly than other branches of the profession. One of his recent letters to his father contains the following remarks. "I am getting somewhat more occupied than when I last wrote, and attend regular courses of private instruction at the Hotel Dieu, La Charité and the Hospital for Sick Children. The latter I am particularly pleased with. You may realize the advantages which such a place affords to a student in the recognition of diseases, when I tell you that among many others, I saw several children in a row, this morning, affected respectively with smallpox, chickenpox, hooping cough and measles. You can have but little idea of the extent of these hospitals, without visiting them. Standing at the end of the halls, reminds one of the view on entering Quincy Hall (Boston). The bedsteads are all of iron, and generally surmounted by an iron frame on which hangs a white curtain, by which the patient is enabled to exclude himself completely from his neighbors. The beds are separated by a wide space, and every attention seems to be paid to the comfort of the patients. For all this, implicit obedience is required to the physician's prescriptions. In cases requiring surgical operation, it is left to the option of the patient to undergo it or not. The alternative is to leave the hospital. We are allowed very full examinations of the patients, though the examination ceases when they declare themselves fatigued or not well enough to undergo it. The main object to be attained in Paris by the student, is the ability to distinguish diseases, or, in medical language, to learn diagnosis. The treatment we do not attend to so particularly, although there are many things which no doubt are valuable, founded as they are upon the immense field here offered in the wards of a hospital."

College of Physicians and Surgeons, New York.—Without ostentatious display or any extra exertions unbecoming the dignity of a great scientific institution, the College of Physicians and Surgeons has maintained the even tenor of its way, till its meritorious character commands both the confidence and respect of the public. Its prosperity is invoked from all quarters by multitudes of practitioners who were educated there. At present there are 193 students in attendance. At the close of the term in 1844, 37 received degrees. Perhaps as many more may be honored the present season. The museum, laboratory, medical and surgical clinique, the facilities in the New York Hospital, and those for acquiring a knowledge of practical obstetrics, are no where surpassed. Anatomy is taught under circumstances of peculiar advantage to the student, from the facilities of procuring subjects. In a word, the old College of Physicians and Surgeons shines with undiminished splendor. Under the safe management of the present faculty, men of tried reputation, may its influence be extended and its good name justly appreciated.

Lectures on Materia Medica in Bowdoin College.—For some years past, we are informed, the course of lectures on Materia Medica, in the Medical School of Maine, has been given by a professor of ***Mineralogy***, who never studied medicine, and who, therefore, one would naturally suppose, was as unsuitable as possible for that branch. Were the Trustees to set the Professor of Obstetrics to lecturing before the class on mineralogy, it would not be more absurd. What can the learned gentleman know of the operation of medicines? If the whole State of Maine cannot furnish a suitable person for that department, the managing powers had better send abroad for one, so that it may no longer be a reproach to the school that the use and action of medicines, in that otherwise excellent institution, is taught by a person who never gave a dose, perhaps, in his life! A recollection of the fact that the lecture term for 1845 has just commenced, brought also to mind this singular anomaly in the faculty organization.

Improved Trochar.—Dr. McRuer, of Bangor, Me., has had an instrument made by Mr. Hunt, the ingenious manufacturer of surgical cutlery in this city, which he considers of considerable importance. It is essentially like that *murder-committing*, *lancet-armed canula*, which the abortionists handle so adroitly of late. Dr. McRuer's observations on its peculiar advantages over the ordinary trochar, come with more freshness than would a description from another source. Besides, he is a gentleman of sound discretion, whose opinion must always influence those who have the pleasure of knowing him. "The important advantage of this instrument over the common trochar," says Dr. M., "is in the lancet-shaped blade; it is both thin and sharp, so that it can readily be kept in order and be easily introduced without using that degree of force which endangers the safety of some contained organs—such as the testicle in hydrocele." These are considerations of importance, which will have their proper weight with operators. Having seen the specimen Mr. Hunt has finished, we are impressed with the correctness of Dr. McRuer's views.

New Eye Speculum.—Dr. Lewis F. Gallup, of Newport, R. I., has invented a new instrument for keeping the eyelids apart, altogether superior to anything before known to oculists. It is made of cross bars, like callipers, with peculiar semi-elliptic bows at one extremity, into which the tarsi fit admirably. At whatever point of distention they are set, by a thumb screw, there they remain. With this speculum, the surgeon requires no assistance whatever in the operation for strabismus, as the instrument keeps the lids in any position designed, without much inconvenience to the patient. It is an ingenious, useful contrivance, which every operator on the eye, we apprehend, would value exceedingly.

Miller's Principles of Surgery.—This is one of Messrs. Lea & Blanchard's elegant reprints, of an Edinburgh work on the *Principles of Surgery*, by James Miller, M.D., &c., Professor of Surgery in the University of that city. The author's intention, according to the preface, is to exhibit a condensed view of the principles of the healing art. He therefore gives the public the essence of his systematic lectures in the great School of Medicine in Edinburgh. Simplicity and soundness of doctrine are conspicuous. Dr. Miller dedicated this volume to his eminent friend Mr. Robert Liston, who would not have accepted a compliment of that kind from any inferior source. The work is divided into four sections. The third treats entirely of tumors—viz., the benign, malignant, encysted, and those of the integuments, mucous membranes, nerves, and bone. Section fourth embraces the management of wounds. The book belongs to that class of surgical writings on which operators always rely for counsel and advice, and is therefore a desirable acquisition to the practitioner's library. Messrs. Ticknor & Co. have it.

Translations of Medical Books.—Several new works from the French, already translated, are about being published, which will be sought for, it is expected, with much avidity. In Boston there are two or three nearly ready for the trade; and in New York it is presumed there are as many as four or five. The fewer notes which the translators append, the better, unless the object is exclusively to make the author more clearly understood. It begins to be suspected that the note-making business, by which unknown gentlemen of quite slender attainments occasionally get dragged by the skirts of a foreign writer before the American public, is a kind of old trick that has lost its charm.—As fast as these promised volumes make their appearance, the reader will be apprised of their general claims and character.

Surgery of Tumors.—Why are we not served with a new edition of Dr. Warren's very excellent book of observations on this important subject? Just as the author was upon the point of visiting Europe, in 1837, his valuable treatise, so creditable to the surgery of the North, made its appearance. Copies were then on sale at the bookstores, but we are uncertain whether it can now be had or not. Dr. Warren, in eight years, has doubtless collected a great amount of important matter, that might be added to that which has already appeared; and in revising for a new edition, which, it strikes us, would be welcomed by the whole body of the profession, in the light of a practical guide of unsurpassed value, we should seriously object to having the volume diminished in the amount of its contents; there is no danger of having too much upon any subject in operative surgery from such a source.

There is more uncertainty in regard to the general management of tumors, than might at first thought be supposed. They are too frequently considered the appropriate pickings for quacks, who dabble over them with their nostrums till the patient sinks under the effects of persevering ignorance. Some surgeons, of good repute, are in the habit of giving over tumors that do not yield to excision at the onset, to the tender mercies of those tinkers of the constitution, who take under their own charge whatever is abandoned by regular practitioners.

Dr. Warren's work interfered with no other: in New England it had an advantage over any system extant, from the circumstance that his name and reputation for accuracy of judgment in everything relating to operative surgery, takes the highest rank. We look forward with interest to the time when another edition, enriched by the details of his greater experience, shall be given to the world.

Cyclopædia of Practical Medicine.—With an exactness that excites the particular satisfaction of subscribers, the Nos. of this work make their appearance at the period they were promised. Ticknor & Co. have the 23d, which shows the enterprise is drawing to a close. Those who have hesitated about taking a work of such rare value, ere this must have discovered that it is hailed with pleasure by those who are competent to judge of its literary and scientific merits.

Conduct of Medical Students.—The following note has been handed in by one of the medical class in this city, and is cheerfully inserted, although misrepresenting our remarks in last week's Journal. Those remarks did not even intimate that a "rowdying spirit" had been exhibited in the Boston school, neither was there in them any "whole-sale denunciation" of the class. The first sentence, only, referred to the reported disturbance in this school, which furnished occasion, as was expressly stated, for some remarks on the conduct of medical students in general.

"*Conduct of Medical Students in the Lecture Room.*" To the Editor. Sir,—An article, with the above caption, appeared in the Boston Medical and Surgical Journal of the 19th inst., severely reflecting upon the conduct of the Medical Class, and upon the tame submission of the Professors to certain ungentlemanly "*habitual* petty disturbances." This wholesale denunciation of the class for the sins of the few will not be tolerated by that portion who have given their "undivided attention" during a long course of nearly 600 lectures of an hour each, the majority of whom received the encomiums of the distinguished Professor of Anatomy at the close of the last year's course.

Although " a rowdying spirit that delights in disorganization, and secretly aims to break up a system of order," ought immediately to be subjected, yet we deny that any such feeling has been evinced by the class. If any isolated cases have occurred of slight disturbance, they have not been to foster a spirit of disorganization and annoyance, but merely from a restlessness consequent upon attending a long series of lectures.

We have at least one professor who does not succumb to any medical class; the interference in his department was uncalled for, as the circumstance had been adjusted. Futhermore, this is the largest class that ever assembled in Boston, the accommodations are inadequate for their comfort, and is it strange, while some young men are compelled to stand during the lectures, and others, who sit, are crowded within a narrow compass, that in four months' attendance on four or six lectures daily, some few should manifest a not "*habitual*" exuberance of feeling beyond their wonted practice? A MEMBER OF THE "MEDICAL CLASS."

New York State Lunatic Asylum.—From Dr. Brigham's Second Annual Report we learn that at the beginning of last year the number of patients at the Asylum was 196. Admitted during the year, 275. Total number in the course of the year, 471. Of this number there have been discharged, recovered, 132; improved, 47; unimproved, 16; dead, 16. Total discharged during the year, 211. Remaining at the Asylum, Nov. 30, 1844, 260.

The deaths have been from the following causes:—Marasmus or general debility, 7, apoplexy, and sudden effusion of serum in the brain, 3; consumption, 2; and 1 from each of the following diseases—diarrhœa, chronic inflammation of the stomach, bronchitis, and inflammation of the membranes of the brain. Thirteen cases were reported to have been caused by "Millerism."

Pennsylvania Hospital for the Insane.—Dr. Kirkbride says, in his Report for 1844, that "at the date of the last report, there were 132 patients in the Hospital, since which 153 have been admitted, and 134 have been discharged or died, leaving 151 under care at the close of the year. Of those discharged, were—cured, 75; much improved, 22; improved, 16; stationary, 9; died, 12. Total, 134." Four cases which were caused by fright were distinctly traced to the riots in Philadelphia last year, and four cases were evidently caused by "Millerism."

Select Medical Library.—Dr. Bell's Medical Library for October, 1844, which has but just reached Boston, comprises a valuable essay on Curvatures and Diseases of the Spine, by R. W. Bampfield, Esq., of the London "Infirmary for Diseases of Children," edited by Prof. J. K. Mitchell, M.D., of Philadelphia.

Tannin a Cure for Toothache.—Mr. Druitt, in recommending the use of tannin as a remedy in cases of sore nipple, of salivation by mercury, of aphthæ, &c., says—

"But of all the cases for which it is adapted, that common troublesome complaint, toothache, is that in which I believe it is most to be depended on. When the tooth aches, let the patient wash out the mouth thoroughly with the solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbors, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten."—*London Lancet.*

Sudden Death during Labor without any Assignable Cause.—M. H—, a laborer's wife, aged about 35, well made and healthy, who had had two children during the last five years, was taken in labor a few nights ago. The labor had proceeded for about five hours without any remarkable symptom occurring, when the poor woman became cold, pale, and faintish. She sat up for a few moments, gave some directions relative to her children, then begged to be laid back upon her pillow, and expired in a few moments, without making any complaint, except that she felt very weak. On the next morning I removed the infant, at the request of her husband, and could not discover anything in the state of the uterus, or its contents, to account for this sudden death. The os uteri was slightly dilated, head presenting naturally, and no trace whatever of hæmorrhage, the placenta being closely attached to the fundus uteri, by its whole surface. The *port-mortem* examination was not carried further.—*Ibid.*

Medical Miscellany.—A Mr. Dore recently petitioned the Legislature of Maine for relief, on the score of honest poverty, as he had 19 living children. By two wives he has had, in all, 26!—P. J. Guillemain, a Frenchman, lately died at Havre, in his 104th year, leaving a sister and brother—one being 101 and the other 97 years old.—Pierce Wynn, near Ballyduff, Kerry, Ireland, died a few weeks since, at the age of 101.—Peggy, a colored woman, died at Wilmington, N. C., on the 5th, at the age of 107.—The fifth annual report of the Maine Insane Hospital has been received, which will have appropriate attention another week. It has been estimated that there are 613 insane, and 627 idiots, in the State of Maine.—A physician in Maryland has recently invented a lounge for the sick and invalid, which seems admirably adapted for their comfort and convenience. A further description will be given hereafter.

MARRIED,—In Westfield, Mass., Dr. E. L. Clarke to Miss L. Canfield.—At East Brooklyn, N. Y., Dr. James H. Hutchins to Miss A. M. Boyle.

DIED,—At Abington, Mass., Dr. Gridley Thaxter, 89.—In New York, by leaping from the roof of a house, Mr. Gonsalvo Aldama, a medical student.—In Montreal, Dr. Alexander Scott, 36—a surgeon.

Number of deaths in Boston, for the week ending Feb. 22d, 43—Males, 22; Females, 21. Stillborn, 7. Of consumption, 10—infantile, 4—accidental, 1—hooping cough, 1—canker, 1—palsy, 1—liver complaint, 1—teething, 1—lung fever, 5—scarlet fever, 3—brain fever, 1—fits, 1—dropsy on the brain, 1—dropsy, 3—croup, 2—ulcers in the throat, 1—inflammation on the brain, 1—typhus fever, 1—old age, 1—worm fever, 1—suicide, 1—paralysis, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 60 years, 12—over 60 years, 3.

Suicide in China.—Four cases of attempted suicide are mentioned, by swallowing a solution of salt and water. It is supposed by the natives of Chusan that if water be allowed to percolate through a quantity of common salt, half a pint of the strong solution thus produced, if swallowed, will cause death. Sometimes an infusion of tobacco is added to the solution; this of course would be more or less injurious, according to the strength of the infusion. In one of these cases, a weak infusion of the tobacco had been added, but without producing any other effect than nausea and vomiting. Although it is said by the people that death often ensues after taking the solution of salt, still in the cases of attempted suicide by this means, to which aid has been solicited, no such effect, or the apparent likelihood of it, has ever been produced. Two of these instances were women, who, having been beaten by their husbands, wished to revenge themselves, by casting the guilt of their death on them, or perhaps merely to frighten their offending partners. Another was a young woman who took the solution because her grandmother would not allow her to wash her clothes when she wished to do so, whereat she was so much offended as to think it better to die than to live. The last case was that of a man, who having had a dispute with his sister's husband about some money affair of a trifling amount, which was not settled to his satisfaction, on that account attempted suicide.—*Med. Missionary Report.*

Adulteration of Milk in Paris.—Nine-tenths of the milk sold in Paris is diluted with one third of water, to which, for some time, a little cassonade or caramel has been added; finally, bicarbonate of soda to prevent the milk from turning.

Some years ago, farina, fecula, rice flour and gum, were employed for adulterating milk; it appears that these substances have been abandoned by adulterators.

The adulteration of milk in Paris would be difficult to repress, because the poorer classes are in the habit of paying for milk less than its value. It would be indispensable, before seeking to suppress this fraud, to make the public comprehend that they would be obliged to pay one third more for milk than is paid at present, and that it is obtained at a low price only because it contains at least one third of water and only two thirds of milk. The population have been wrongfully disgusted by the publication of statements that milk has been prepared with the brain of animals, and especially with that of horses killed at Montfaucon; all the investigations made with the view of ascertaining the truth of this statement, have demonstrated the falsity of a fact advanced it is not known with what object. —A. Chevalier, *of Paris.*

Remedy for Psoriasis. By Joshua Waddington, Esq.—In the treatment of psoriasis diffusa, or palmaria, the best application is the ol. palm. cocc. (cocoa-nut oil), diluted with equal portions of ung. cectacei. The affected parts should be washed every night and morning with tepid *rain* water, then made quite dry, and the ointment applied lightly (with a camel's-hair brush); over this, oiled-silk should constantly be worn. Pilul. hydr. sub. comp. (Plummer's pill), gr. x., each night at bed-time, with liq. potassæ, m. xx. three times a day, are among the best *internal* means.—*Lan.*